



STRONG MINDS.
KIND HEARTS.

FRIENDS ACADEMY

FOUNDED 1876

270 DUCK POND ROAD, LOCUST VALLEY, NEW YORK 11560
TEL: (516) 676-0393 | FAX: (516) 393-4276 | www.fa.org

September, 2018

Dear Seventh Grade Parents:

Our annual Seventh Grade Outdoor Education experience at Greenkill Outdoor Education Center in Huguenot, New York, has been scheduled this year for Wednesday, October 24th through Friday, October 26th. We will leave from Friends Academy by bus at approximately 6:15am on Wednesday and return to FA on Friday afternoon at approximately 3:00pm. Please have your child at school at 6:00am on Wednesday morning so that we can depart on time. Regarding our return, please be prepared to check your email for a definitive time of arrival. Since traffic can be unpredictable, an email will be sent to inform you of our whereabouts as we travel home.

The outdoor education experience is part of our regular program at FA and is a requirement for all students. The seventh graders and the core seventh grade teachers and advisors all participate in this experience. The program includes exploration in wildlife management, forest and water ecology, survival techniques, and group and personal challenges – the climbing wall and high ropes course elements are among the favorites. Another important goal of the week is social. We hope this trip will give each of our students a chance to get to know his or her classmates better, whether they are new to FA or returning. From personal experience, I know that this will be one of the most memorable, enjoyable, and educational experiences of the year.

Attached are some relevant materials. Please read them over and *return the Permission form, Hold Harmless Agreement and Release, Authorization to Consent form (optional), YMCA Parental Agreement form, YMCA Health form, and Self-Medication Release form (if necessary)* to **Melissa Scott** on or *before* Friday, October 12th. Again, if you have any questions regarding the trip, please call Melissa Scott at school at 393-4239.

Sincerely,

Melissa Scott
7th Grade Team Leader

FRIENDS ACADEMY

Permission Form for 7th Grade Outdoor Education Trip to Greenkill October 24-26, 2018

Permission to Participate

My child _____ may participate in the Friends Academy Trip to Greenkill. I permit her/him to travel by bus/van until his/her return to Friends Academy upon completion of the trip. I understand that participation in this trip is voluntary and that I am under no obligation to complete this agreement. While events and trips have an educational purpose attendance is considered a privilege not a right. The school reserves the right to prohibit a student from attending a trip or event based on their academic or behavioral standing/history. In most cases students on disciplinary probation or warning will be excluded from trips.

Student Behavior and Discipline

I acknowledge that I/my child must strictly adhere to Friends Academy's Fundamental Standards of behavior as described in the Student and Parent Handbook. Any student who chooses to violate the standards of behavior and/or directions of the trip chaperones places her/himself at risk of sitting out of activities (with supervision), or in an extreme case, being sent home at his or her parents/guardians expense. Friends Academy's drug and alcohol policy applies to all trips and events, for traveling students and supervisors. The school will handle all discipline cases in accordance with the policies and procedures described in the Student and Parent Handbook. I therefore agree to abide by the rules, cooperate with the chaperones, and contribute to the well being of the group and its members.

Student Health and Medication

I acknowledge that all appropriate health and medical forms have been completed in their entirety. All medications must be in the original pharmacy container and placed in a zip-lock bag marked with my child's name and administration instructions from the physician. Any student wishing to self-administer medication must demonstrate parental and physician authorization via the Medication Permission Request Form. Those who have need of an inhaler or Epi-Pen will be expected to carry this on their person for the duration of the trip. The school nurse will instruct all chaperones on how to assist with proper use. Any student without authorization to self-administer must hand over medications before departure. A trip leader will collect and administer medications for the duration of the trip. While I understand that the school nurse alerts all chaperones to specific health needs, I may also provide updates on any health concerns that I deem appropriate.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

FRIENDS ACADEMY
Hold Harmless Agreement and Release

I understand and recognize that I am responsible for my own well-being and the well being of the other participants. I declare that I recognize that it is in my best interest, as well as that of the other participants, to follow the suggestions, guidelines, and/or rules of the trip and its activities as outlined by the school handbook and the chaperones. Furthermore, my participation in this trip is entirely voluntary.

I fully understand and appreciate the potential dangers, hazards and or risks, directly and or indirectly inherent in participating in this trip, which could also include the loss of life, serious loss of limb, or loss of Property.

I am aware that all travel and particularly travel abroad which may at times be unsupervised can be a dangerous activity involving risks of serious injury and even death. I understand that although the Teacher at the School intends to lead the Trip, and that although local guides (IF USED) and a representative of the School will also chaperone the Trip, my child will be unsupervised at times during his/her participation in the Trip. I agree that the School is not an insurer of the health or safety of my child and does not assume responsibility for spontaneous and unforeseen events, which may occur during his/her participation in the Trip.

I understand that any school personnel or agents also participating in this activity are not necessarily medically trained to care for any physical or medical problems that occur during this activity. I further understand that the School does not carry medical or liability insurance for me while I am participating in this activity. By placing my signature below, I acknowledge to the School that I have adequate medical and hospitalization insurance for any injuries that I may incur as a result of participating in this activity.

NOW, THEREFORE, in consideration for being allowed to participate in this activity, I agree to hold the supervisor(s) and coordinator(s) of this activity, Friends Academy, its Board of Trustees, agents, officers, and employees harmless for any and all direct, indirect, special or consequential damages, or costs, legal and otherwise, which I may incur as a result of my participation in this activity(ies), even if due to the negligence of Friends Academy or any person serving in the above-identified capacities.

I have read the above terms of this Agreement/Release, and I understand and voluntarily agree to the Terms and Conditions. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned.

Signature of Participant: _____ Date: _____

As a parent/guardian of the above-named minor, I have read the above terms of this Agreement, and I understand and agree to the terms and conditions stated herein. This Agreement/Release shall be binding upon the heirs, administrators, executors, and assigns of the undersigned. I further agree to indemnify Friends Academy, its agents, officers and employees against any action brought against Friends Academy by the above-named Participant, including but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this Agreement and Release on behalf of the above-named minor.

Signature of Parent/Guardian: _____ Date: _____

Address of Parent/Guardian: _____

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Authorization to Consent to Health Care for Minor (Optional)

I, _____, of _____, am the custodial parent having legal custody of _____, a minor child, age _____, born _____.

I authorize Friends Academy, adults in whose care the minor children have been entrusted to act as agents for myself in my absence or incapacitation, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (1) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (2) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agents named herein.

_____ **Date** _____ **Custodial Parent**

STATE OF NEW YORK
COUNTY OF NASSAU

On this ____ day of _____, 20____, _____ personally appeared before me, and known to me to be the person described in and who executed the foregoing instrument and she/he acknowledges that she/he executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public
My Commission Expires: _____
(OFFICIAL SEAL)

Health Insurance Information

Insurance Carrier: _____

Group/Policy Number: _____



YMCA of Greater New York
New York YMCA Camp – Greenkill Outdoor Education Center

Parental Agreement, Release, and Acknowledgement of Risk

I understand and acknowledge that the program, New York YMCA Camp - Greenkill Outdoor Education Center that I am entering my child into poses both known risks and unanticipated risks which include, but are not limited to, the points below.

1. This program entails certain risks which simply cannot be eliminated without jeopardizing the essential qualities of the activity. In addition to educational activities, my child may engage in physical activities including, but not limited to, outdoor activities, team building, climbing, hiking, sports and other athletic or recreational activities.
2. The experience exposes its participants to the usual risk of minor injuries. Other more serious risks exist as well as outdoor and physical activities are inherently dangerous and I acknowledge this risk of injury.
3. I expressly agree, accept, and assume all of the risks existing in this activity with regard to my child. My child's participation in this activity is purely voluntary, no one is forcing him/her to participate, and I elect to have him/her participate.

My signature below indicates that I have had sufficient opportunity to read this entire document and that I have read it, and agree to allow my child to participate in this program.

Name of Participant

School Name

Parent/Guardian Signature (if under 18)

Date

Name of Parent/Guardian

Parent/Guardian Phone #

Home Address

Email Address

*Please return this form to your child's school
as the school is required to deliver to Greenkill administration upon arrival.
Thank you!*

Greenkill Packing List

Bedding:

****Greenkill does not provide pillows or blankets**

- 1 sleeping bag
- 1 pillow and pillow case
- It is nice to have a fitted sheet under the sleeping bag! Twin size is fine.

Toiletries:

- Bath towel
- Shampoo/Conditioner
- Body soap
- Flip flops or water shoes for shower (if you want)
- Toothpaste and toothbrush
- Deodorant
- Comb/brush
- Any other personal toiletries you need

Clothing and Shoes:

- Pajamas
- Changes of underwear
- Lots of socks (we recommend some wool - even for hiking in warm seasons)
- 1-3 pairs of shorts
- Thermal underwear (seasonal)
- 2-3 pairs of long pants
- 2-5 shirts
- Sweater or sweatshirt
- 1 pair of old shoes or boots
- Sneakers
- Hiking boots (only if you already own them)
- Raincoat or poncho and rain hat
- Warm coat or jacket (**hoodies don't count!**)
- 2 pairs of gloves or mittens
- Hat and scarf

Misc:

- Day pack (i.e. book bag or drawstring bag)
- Water bottle or canteen (re-fillable)
- Laundry or plastic bag (for dirty clothes to bring home)
- Flashlight
- Medication (must be given to Melissa Scott prior to departure)
- Insect repellent (seasonal)
- Chap Stick
- Sun screen

NOT PERMITTED: cell phones, food, soda, gum, candy, knives, radios, or electronic devices of any kind.

*** It is best to be prepared to dress in layers!**

September, 2018

GREENKILL MEDICAL FORMS

Dear Parents:

Please complete the enclosed medical information regarding your child. If your child will require any medication while away from home, please send it with him/her in a ziplock bag labeled with your child's full name. The medication will be collected by Melissa Scott before the students leave on Wednesday morning, and will be turned over to the nurse at Greenkill upon arrival. The second page of the medical form must be **completed, signed and stamped** by a physician in order for the medication to be dispensed to your child. *Your signature is also required.*

All medication must be in its original container and properly labeled with your child's name, the name of the medication, amount and times to be given, and the prescribing physician's name.

While at Greenkill, we will have a nurse with our school who will take care of minor medical needs. Please note that basic OTC medications (see second page of medical form for a list) are stocked in at Greenkill and can be dispensed as long as the second page of the medical form is **completed, signed and stamped** by a physician. *Your signature is also required.*

Only the first page of the medical form enclosed in this packet is required for attendance on this trip, however, your child cannot be given any medication during our trip if the second page is not completed, signed, and stamped by a physician, as well as signed by you. Although many of you have already provided this information to the school, we must also have these specific forms completed for Greenkill.

Please complete all forms and return them to Melissa Scott no later than October 12th.

Thank you,



Melissa Scott



Greenkill Outdoor Environmental Education Center
YMCA Camping Services of Greater New York
Carol Nivens RN

2018-2019 Health Form

School Friends Academy Dates of Greenkill Experience: 10/24 - 10/26

Students Name: _____ Male / Female (Please circle)
Last First MI

Age: _____ Birth date: _____ Greenkill Birthday! Yes / No (Please circle)

Contact information:

Name of Parent/Guardian: _____ Relationship: _____

Home Address _____
Street Apt.# City State Zip

Home: () _____ Work: () _____ Cell: () _____

Name of Emergency Contact: _____ Relationship: _____

Home: () _____ Work: () _____ Cell: () _____

Food / Dietary Needs:

Please notify and talk with the school/coordinator regarding dietary needs. The school will coordinate with Greenkill to ensure each students needs are met.

Health Concerns: It is extremely important that the school be advised of any/all health care matters regarding your child. Please note here any information that will be important for the nurse and Greenkill instructional staff to be aware of in order for them to provide a safe and positive experience for your child.

Limited participation: Please understand that the students will be participating in Outdoor Environmental Education program which will include some physical activities, it is important to inform school of any activities which your child should not, or might have difficulty participating in:

Has this student ever required any psychiatric counseling and/or mental health concerns? Yes / No (Please circle)

Explain _____

Operations or serious injuries (dates) _____

Name of family physician _____ Phone _____

Do you carry family medical/hospital insurance? Yes No

If yes, indicate: Carrier _____ Policy or Group # _____

Emergency Authorization REQUIRED

This health history is correct so far as I know, and the person herein described has permission to engage in all activities in the Greenkill Outdoor Environmental Education at YMCA Camping Services program except as noted above.

Permission to Treat: I hereby give permission to the medical personnel selected by the school or YMCA staff to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the school to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian: _____

Date: _____

PHYSICIAN—PLEASE FILL OUT BOTH PARTS!!

For medications to be dispensed by a nurse the following must be completed by the licensed health care prescriber **AND** signed by parent/guardian:

Prescription and over the counter medications MUST BE IN ORIGINAL CONTAINER:

I request that my patient as listed below, receive the following prescription medication(s) including prn's:

Name of student: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication(s) with the prescribed dosage, frequency and route of administration(as per NYS law):

1). _____

2). _____

3). _____

Standard Over the Counter Medications

The following medications are available in the Health Center with parent/guardian and physicians approval. Please select which medications below can be administered and fill in dosage with schedule. ("as per bottle instruction"—or "as per weight and age" not acceptable as an MD order.

Drug Name	Route	Dosage	Schedule	Indication
Motrin / Ibuprofen	PO (Chewable tabs, pills or liquid)	_____mg	Every_____hours	For pain or fever
Tylenol / Acetaminophen	PO (Chewable tabs, pills or liquid)	_____mg	Every_____hours	For pain or fever
Claritin/Loratidine	PO (tabs or liquid)	_____mg	Every_____hours	For allergy symptoms
Benadryl / Diphenhydramine	PO / Topical (pills, liquid)	_____mg	Every_____hours	For allergy symptoms
Zyrtec	PO (tabs or liquid)	_____mg	Every_____hours	For allergy symptoms
Calamine	Topical lotion		Every_____hours	For bug bites and skin irritations
Neosporin	Topical		Every_____hours	For splinters, cuts, abrasions and skin irritations
Allegra	PO (tabs or liquid)	_____mg	Every_____hours	For allergy symptoms
Dramamine	PO	_____mg	ONCE FOR BUS RIDE	MOTION SICKNESS

Licensed Physician's Signature _____ License # _____

Address _____ Phone (____) _____

Date of Form Completion _____ By _____

Initial if completed by nurse or physician's assistant

Parent / Guardian Signature _____ Date _____

FRIENDS ACADEMY

SELF-MEDICATION RELEASE FORM FOR INHALERS ONLY

Date: _____

Child's Name: _____

**has been instructed in the proper use of the following
medication
procedures:**

We, (Physician's signature) _____

and (Parent or Guardian's signature) _____

**request that (Child's name) _____ be permitted to
carry the inhaler on his/her person or to keep same in his/her
locker or P.E. locker, as we consider him/her responsible.
He/she has been instructed in and understands the purpose and
appropriate method and frequency of use.**

**NOTE: This form must be completed *in addition* to routine school
medication form for those students who request permission to
carry their own medication on campus or keep this medication
in a P.E. locker.**